

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/27/2012	
NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: January 23, 24, 25, 26, &amp; 27 2012.</p> <p>Facility number: 000135 Provider number: 155230 AIM Number: 100266820</p> <p>Survey team: Angel Tomlinson, RN -TC Barbara Gray, RN Sharon Lasher, RN Leslie Parrett, RN</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 8 Medicaid: 48 Other: 8 Total: 64</p> <p>Stage two sample: 19</p> <p>These deficiencies also reflect State findings in accordance with 410 IAC 16.2.</p>			F0000	<p>Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirement under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance. ***Based upon review of this Plan of Correction, please consider the Plan of Correction for paper compliance.***</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	Quality review completed on February 2, 2012 by Bev Faulkner, RN						

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F0156 SS=B	<p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>						

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance</p>						

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	<p>directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to give a detailed explanation for the reason residents were discharged from skilled services for 3 of 3 residents that met the criteria for liability notices and beneficiary appeal in a stage 2 sample of 19. (Resident #23, #35, and #51)</p> <p>Findings include:</p> <p>1.) Review of Resident #23's discharge notice from skilled services, dated 11/09/11, indicated the resident was discharged due to "You do not require skilled services at this time". No further explanation was documented.</p> <p>2.) Review of Resident # 35's discharge notice from skilled services, dated 11/4/11, indicated the resident was discharged due to "You do not</p>	F0156	<p><b>F156 The facility must provide a detailed explanation in writing of the reason for discharge from skilled services for residents that meet criteria for liability notices and beneficiary appeal.</b> The facility will ensure this requirement is met through the following corrective measures. 1) Resident # 23, Resident # 35, and Resident #51 have received adequate notice. 2) All residents receiving skilled services have the potential to be affected. Residents will receive adequate notice. 3) The regulation regarding liability notices and beneficiary appeal has been reviewed. The interdisciplinary team received education in regards to this process on February 10, 2012 by Amy Gum, Administrator. (See attachment 156 A) The interdisciplinary team will monitor discharges to ensure proper notice is given. 4) The social service designee will monitor all discharge from skilled</p>		02/14/2012		

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	<p>require skilled services at this time". No further explanation was documented.</p> <p>3.) Review of Resident #51's discharge notice from skilled services, dated 12/20/11, indicated the resident was discharged due to "You no longer require skilled services 5 days a week". No further explanation was documented.</p> <p>An interview with the Business Office Manager on 1/27/12 at 9:45 A.M., indicated the discharge notice from skilled services for Resident #23, #35, and #51, did not provide a detailed reason for discharge. The Business Office Manager indicated if a resident would ask for a detailed reason for discharge from skilled services, they would be given a verbal detailed reason.</p> <p>3.1-4(a)</p>			<p>services notices on scheduled days of work daily times 4 weeks, then 3 times a week for 4 weeks, then monthly times 3 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. (See attachment 156 B )The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly. 5) The above corrective measures will be completed on or before February 14, 2012</p>			

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F0221 SS=D	<p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview and record review, the facility failed to thoroughly assess and provide a lap tray that was positioned appropriately about a resident to prevent rib and breast pain for 1 of 1 resident reviewed for restraints in the Stage 2 sample of 19. (Resident #54)</p> <p>Findings include:</p> <p>Resident #54's record was reviewed on 1/25/12 at 3:00 p.m. Resident #54's diagnoses included but were not limited to anxiety and Parkinson's disease.</p> <p>Resident #54's physician's order, dated, 9/26/11, indicated "full lap tray as the least restrictive therapeutic device to assist resident with positioning due to poor posture due to Parkinson's disease to be released and repositioned per protocol."</p> <p>Resident #54's( MDS) Minimum Data Set), dated 1/13/12, indicate the following: - BIMS (Brief Interview for Mental Status) 11, (8-12), moderately impaired</p>		F0221	<p><b>F221 The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p> <ol style="list-style-type: none"> <li>1. A therapy referral has been submitted in regards to resident #54's restraint use in an attempt to find a device that will maintain proper body alignment for this resident without causing discomfort. (See attachment 221 A )</li> <li>2. All residents who utilize restraints have the potential to be affected. A review of all residents who utilize restraints has been completed to ensure the resident is not experiencing discomfort related to the use of a restraint.</li> <li>3. The policy and procedure in regards to physical restraints has been reviewed. (See attachment 221 B ) A review of all residents who utilize restraints has been completed to ensure the resident is not experiencing discomfort related to the use of the restraint.</li> </ol>		02/14/2012	

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	<p>- makes self understood, understood</p> <p>- understands others, understands</p> <p>- restraints, 0</p> <p>Resident #54 was observed on 1/24/12 at 2:00 p.m., up in the hall in a wheelchair with a full lap tray on the wheelchair. The resident was unable to remove the lap tray.</p> <p>During interview with Resident #54 on 1/24/12 at 2:15 p.m., the resident indicated "the tray is very tight and it hurts bad not on the left side but bad on the right side." Resident #54 also stated "This tray hurts so bad and I have to wear it from the time I get up until I go to bed. I hate this tray there is no way I can get it off and there is nothing about it I like. It hurts my right breast and the tray is too close."</p> <p>During interview with Resident #54's family member on 1/26/12 at 10:28 a.m., indicated "yes, her (the resident's) right breast is sore and it does hurt her but if she would sit up straight she would have more room. I looked at her right breast and it was red and swollen and they do have a mammogram scheduled for her. She leans to the right all the time whenever I am here."</p> <p>Interview with staff Physical Therapist</p>				<p>4. The DNS or her designee will monitor restraints to ensure of proper fit and comfort on scheduled days of work daily, on varying shifts, for 4 weeks, then 3 times, on varying shifts, a week for four weeks, then monthly, on varying shifts, for 3 months, and then quarterly, on varying shifts, until compliance is maintained for 2 consecutive quarters. (See attachment 221C) The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly.</p> <p>5. The above corrective measures will be completed on or before February 14, 2012.</p>		



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	<p>#3 indicated the tray on Resident #54 should be lower around her rib area because it is a little too high. "We started using it on 9/26/11. It has enough room between her and the tray when she sits up straight but when she leans to the right like she does a great deal of the time there is not enough room. We (Physical Therapy) are looking into getting something to help her position that is less painful for her."</p> <p>A document titled "Response to Initiation of Restraint," dated 9/26/11, indicated "9/26/11, resident states she does not like the lap tray but will try it out a few days just to give it a try, 9/27/11, resident continues to say she does not like the lap tray but will try it for a few days, 9/28/11, 6:00 a.m. to 2:00 p.m., resident states tray hurts her ribs when she leans forward. At 2:00 p.m. to 10:00 p.m., resident still stating she hates the tray but also said that it's nice to sit her cup on. Says tray hurts the right side of ribs but resident is noted to be leaning to the right after being repositioned."</p> <p>A document titled "Restraint Review," dated 12/26/11, indicated "type of review 90 days, cognition, alert, varies at times, ambulation with staff,</p>						

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	<p>transfers, with assist, bed mobility, can move in bed, social interaction, very social, range of motion, active range of motion, activities of daily living, assist skin condition, clean dry and intact, continence, incontinent of urine at times. Date of last attempt at permanent removal of restraint 12/24/11. Explain what occurs when restraint is removed, resident leans forward at hips, almost touching ground.</p> <p>A document titled "Wheelchair Lap Trays" provided by the DON on 1/27/12 at 1:25 p.m., and dated 8/05, and indicated by the DON to be the most current policy, included "Purpose of Skil-Care wheelchair lap trays are designed to serve as therapeutic interventions that assist patients in achieving proper body position, balance and alignment. Although most residents can remove Skil-Care trays, there are some who cannot. For them the trays could be considered as restraints. Residents who cannot release standard wheelchair lap trays might benefit from Skil-Care's Lift-Away Tray.</p> <p>3.1-26(a) 3.1-26(n)</p>						

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F0309 SS=D	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review, the facility failed to thoroughly assess and provide effective pain management for 2 of 2 residents reviewed who met the criteria for pain management in the Stage 2 sample of 19. (Resident #92 and # 51)</p> <p>Findings include:</p> <p>1.) Resident #92's record was reviewed on 1/25/12 at 8:44 a.m., Resident #92's diagnoses included but were not limited to, arthritis and left knee arthroplasty ( total knee replacement), on 1/19/12.</p> <p>Resident #92's physician order, dated 1/22/12, indicated Nucynta 75 mg (milligrams) every 4 hours for pain as needed scale (6-10). The physician's orders did not include any other pain medication other than the Nucynta.</p> <p>Review of Resident #92's record indicated from her admission on 1/22/12 until 1/23/12 at 8:00 a.m.,</p>		F0309	<p><b>F 309 Requires each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures:</p> <p>1. Resident # 92, as stated on the 2567, has since received ordered pain medication and has "not experienced bad pain since the 1 st day I was here and they did not have my pain medication available". The facility would respectfully like to point out that</p>		02/14/2012	

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	<p>staff did not address an assessment for pain or any request by Resident #92 for pain medication.</p> <p>During interview with Resident # 92 on 1/23/12 at 2:30 p.m., she indicated "I arrived at the facility yesterday (1/22/12) around 4:15 p.m., and the pain in my knee was so bad from the time I arrived at the facility until about 2:00 a.m. (on 1/23/12) when the nurse received my pain medication from the pharmacy. On a scale of 0-10 my pain was at least an 8 maybe higher, it just felt like my leg was going to explode."</p> <p>During interview on 1/25/12 at 3:34 p.m., the DON (Director of Nursing) indicated when we can not obtain the pain medication in a timely manner we call the physician to get an order for another pain medication. She also indicated on 1/22/12 the physician was not notified of Resident #92's pain, but the pain medication, Nucynta 75 mg, was received on 1/22/12 at 11:10 p.m., and Resident #92 received the 1st Nucynta 75 mg. on 1/23/12 at 12:00 a.m., at that time she rated her pain scale at a 10.</p> <p>Resident #92's (MAR) Medication Administration Record indicated Resident #92 received her Nucynta</p>			<p>the 2567 states, "Review of resident #92's record indicated from her admission on 1-22-12 until 1-23-12 at 8:00am staff did not address an assessment for pain or any request by resident #92 for pain medication. However, the 2567 also states further down in the description of the tag, "Resident #92 (MAR) Medication Administration Record indicated Resident #92 received her Nucynta 75mg on 1-23-12 at 12:00am, (See attachment 309 A ) She continues to be assessed every shift for pain and if signs or symptoms of pain are present the charge nurse then follows the facilities policy in regards to pain. (See attachment 309 B )</p> <p>Resident #51 continues to be assessed every shift for pain and the facility follows the policy in regards to pain. She has also received the scheduled tests, a CT of the Head on 1-28-12 with findings of "mild atrophy, otherwise negative" present. She received a new order for "Imitrex 50 mg po q day, repeat in 2 hours if pain not relieved, limit to 2 doses in a 24 hour period" on 1-27-12. She obtained a new diagnosis of "migraines" on 1-28-12. At this point, after following the prescribed medication for her migraine her pain is relieved.</p> <p>2. All residents in the facility</p>			

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	<p>75 mg on 1/23/12 at 12:00 a.m.</p> <p>During interview on 1/26/12 at 1:30 p.m., Resident #92 stated "I am doing great now and have not experienced bad pain since the 1st day I was here and they did not have my pain medication available."</p>				<p>have the potential to be effected by pain. All pain medications ordered have been reviewed to ensure that the medications ordered are available and that the medication is effective in controlling their pain. In addition, trends in complaints of pain to specific locations have been reviewed to ensure the physician has been contacted for further direction on how he wishes to proceed.</p> <p>3. The policy and procedure in regards to pain has been reviewed. (See attachment 309 C ) A policy in regards to pain medication unavailability has been developed and all staff responsible for administration of PRN pain medication has been educated on said policy by Lynn Adams LPN on February 10, 2012. (See attachment 309 D1 and 309 D2 ) In addition, the nurses were also educated that if a resident is exhibiting complaints of pain to specific locations on a continuous or trending basis they are to notify the physician to seek direction on how he wishes to proceed.</p> <p>4. The DNS or her designee will review all PRN pain medications that are ordered to ensure the medication is available. Also, she will monitor for trends in the administration of PRN pain medication to ensure that if the resident is requesting</p>		

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	<p>2.) Review of the record of Resident #51 on 1-25-12 at 2:25 p.m., indicated the resident's diagnoses included, but were not limited to, severe left hip degenerative joint disease, congestive heart failure, severe spinal stenosis (narrowing of the spine), morbid obesity, asthma, diabetes mellitus, Chronic Obstructive Pulmonary Disease (COPD), hypertension, CO 2 build up due to hypo-ventilation, depression and multiple myeloma (tumor).</p>			<p>PRN pain medication related to a specific area on a regular basis the charge nurse has notified the physician to seek direction as to how he wishes to proceed. She will monitor 5 residents each day on scheduled days of work for 4 weeks, then 5 residents 2 times a week for 4 weeks, then 5 residents monthly times 3 months, then 5 residents quarterly until compliance is maintained for 2 consecutive quarters. (See attachment 309 E)</p> <p>The findings of these audits will then be reviewed during the facility's Quality Improvement meetings and the plan adjusted accordingly.</p> <p>5. The above corrective action will be completed on or before February 14, 2012.</p>			

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	<p>The physician recapitulation (recap) for Resident #51, dated January 2012, indicated the resident was ordered hydrocodone-APAP 10-500, give one tablet by mouth four times a day at 12:00 a.m., 6:00 a.m., 12:00 p.m. and 6:00 p.m., for pain. The resident was also ordered Tylenol 325 milligrams, give 2 tablets by mouth every 4 hours as needed for pain/elevated temperature.</p> <p>The PRN (as needed) medication flow sheet for Resident #51, dated 1-1-12 at 5:00 a.m., indicated the resident had a headache rated as an 9 on the pain scale (hurts worst and unable to do activities due to pain), Tylenol was given and at 6:00 a.m. it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-2-12 at 1:15 a.m., indicated the resident had a headache rated as an 10 on the pain scale ( hurts worst and worst pain possible unbearable), Tylenol was given and at 2:15 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-2-12 at 11:30 p.m., indicated the resident had a headache rated as an 10 on the pain scale, Tylenol was given and at 12:30</p>						



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	<p>p.m., it was effective</p> <p>The PRN medication flow sheet for Resident #51 dated 1-6-12 at 12:00 a.m., indicated the resident had a headache rated as an 8 on the pain scale (hurts a whole lot, intense, dreadful, horrible), Tylenol was given and at 1:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-6-12 at 11:45 p.m., indicated the resident had a headache rated as an 9 on the pain scale, Tylenol was given and at 12:25 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-10-12 at 2:00 a.m., indicated the resident had a headache rated as an 9 on the pain scale and was given Tylenol, at 3:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-10-12 at 3:20 p.m., indicated the resident had left eye pain rated as an 8, Tylenol was given and at 4:30 p.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-11-12 at 2:00 a.m., indicated the resident had an headache rated as an 9 on the pain</p>						

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	<p>scale, Tylenol was given and at 3:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-12-12 at 1:00 a.m., indicated the resident had an headache rated as an 9 on the pain scale, Tylenol was given and at 2:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-12-12 at 10:00 a.m., indicated the resident had an headache rated as an 8 on the pain scale, Tylenol was given and at 11:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-13-12 at 2:00 a.m., indicated the resident had an headache rated as an 9 on the pain scaled, Tylenol was given and at 4:00 a.m. it was not effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-13-12 at 10:00 a.m., indicated the resident had an headache rated as an 9 on the pain scale, Tylenol was given and at 11:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-14-12 at 12:00 a.m., indicated the resident had an headache not rated on the pain scale,</p>						

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	<p>Tylenol was given and at 1:00 a.m. it was not effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-14-12 at 2:15 a.m., indicated the resident had an headache not rated on the pain scale, Tylenol was given and at 3:15 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-17-12 at 11:20 p.m., indicated the resident had an headache rated as an 8 on the pain scale, Tylenol was given and at 12:30 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-18-12 at 10:15 a.m., indicated the resident had an headache rated as an 9 on the pain scale, Tylenol was given and at 11:50 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-21-12 at 2:45 a.m., indicated the resident had an headache rated as an 8 on the pain scale, Tylenol was given and at 3:15 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-22-12 at 1:22 p.m., indicated the resident had an headache rated as an 10 on the pain</p>						

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	<p>scale, Tylenol was given, it was effective (no time documented).</p> <p>The PRN medication flow sheet for Resident #51 dated 1-23-12 at 2:00 a.m., indicated the resident had an headache rated as an 9 on the pain scale, Tylenol was given and at 3:00 a.m., it was effective.</p> <p>The PRN medication flow sheet for Resident #51 dated 1-26-12 at 10:20 a.m., indicated the resident had an headache rated as an 9 on the pain scale, Tylenol was given. No documentation of effectiveness.</p> <p>The nurses note for Resident #51, dated 1-22-12 at 5:00 a.m., indicated the resident was given Tylenol for at 2:00 a.m., for a headache with negative results. The resident received routine lortab and it was also ineffective. The resident requested to go to the emergency room. The physician was called and an order was given for morphine 10 milligrams (mg), give half the injection now and half in 2 hours. The resident had positive results from the morphine at 1:00 p.m.</p> <p>The physician telephone order for Resident #51, dated 1-22-12 at 6:30 a.m., indicated the resident was</p>						

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	<p>ordered morphine 10 mg (IM), give 5 mg now and then 5 mg in 2 hours, zofran 8 mg now.</p> <p>During observation on 1-26-12 at 10:45 a.m., Resident #51 was asleep, the resident was moaning and had facial grimacing. Resident #51's family member was sitting in her room. Family member # 1 indicated the resident had been complaining of a head ache. Family member #1 indicated the resident had told them the head ache was so bad last night that it had made her nauseous.</p> <p>Interview with LPN #2 ON 1-26-12 at 10:54 a.m., indicated vital signs and assessments would either be documental on the Treatment Administration Record (TAR), Medication Administration Record (MAR) or the nursing notes.</p> <p>Review on 1-26-12 at 11:03 a.m., there were no vital signs or assessments documented on the MAR, TAR or nursing notes for Resident #51. The MAR did have a section "Assess every shift for pain if signs and symptoms of pain noted follow facility protocol" and it was signed every shift. The review indicated no assessment documented during Resident #51's headaches.</p>						

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	<p>Interview with Family Member #2 on 1-26-12 at 11:40 a.m., indicated Resident #51 had started getting headaches in the last couple months. Family Member #2 indicated the headaches had really gotten bad in the last month. Family Member #2 indicated she did not know what was going on with Resident #51. Family Member #2 indicated she had told the nurse today she wanted a CAT scan (Computed Tomography) done on Resident #51 to find out what was going on. Family Member #2 indicated the nurse said she would call the doctor. Family Member #2 indicated she told the nurse to tell Resident #51's physician the family was requesting for the resident to be checked out because there was something going on. Family Member #2 indicated the resident had head aches in her life, but did not have any history of these kinds of head aches that she was aware of or experienced head aches every day before. During observation at this time, Resident #51 was asleep.</p> <p>During observation on 1-26-12 on at 11:50 a.m., Resident #51 woke up and indicated the phenegran (anti emetic medication) the facility had given her helped her stomach.</p>						

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	<p>Resident #51 stated "don't think Tylenol helped me any." Resident #51 indicated she had headaches in her life, but nothing like these before. Resident #51 indicated at 11:59 a.m., that her pain was rated as a 9 or 10.</p> <p>Interview with the Director of Nursing (DON) on 1-26-12 at 1:00 p.m., indicated she unable to find any neurological assessments or vital signs in Resident #51's nursing notes. The DON indicated the neuro checks and vital signs should be have been documented in nursing notes.</p> <p>The nursing note for Resident #51, dated 1-26-12 at 2:00 p.m., indicated the resident was given Tylenol and phenegran with negative results. The physician was called 3 times with no call back. A fax was also sent out to the physician.</p> <p>The nursing note for Resident #51, dated 1-27-12 at 5:30 a.m., indicated the resident had not slept and complained of a head ache throughout the shift. Tylenol and nasal spray given to the resident with positive results. No distress noted at this time.</p> <p>The physician order, dated 1-27-12 at 8:00 a.m., for Resident #51 indicated</p>						

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	<p>the resident was ordered Morphine 10 mg (IM) one time only and set up an appointment for a CAT scan without contrast of head.</p> <p>Interview with Resident #51 on 1-27-12 at 9:39 a.m., indicated Tylenol did not really help her pain with the head aches. The resident indicated the facility was going to make her an appointment for a CAT scan. Resident #51 indicated she felt better today than yesterday. Resident #51 stated " I was really bad off yesterday, I pray it's nothing bad."</p> <p>Interview with the DON on 1-27-12 at 10:34 a.m., indicated the protocol for when a resident had a head ache was to give pain medication. The DON indicated if the pain was in the head and not just a headache, like if a resident was having an aneurysm, she would expect for the nurse to call the physician, do neuro checks and see if the resident had any change in mental status. The DON indicated if a resident complained of severe head pain and wanted to go to the hospital, she would expect the nurse to see if the resident was symptomatic of a stroke or heart attack. The DON indicated the nurse should look for signs of slurred speech, numbness, tingling, shoulder pain and arm pain.</p>						



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	<p>The DON indicated she would not expect the nurse to do neuro checks or vital signs if a resident complained of a head ache, it would depend on the type of pain. The DON indicated if it was another type of head pain further assessment would be warranted, which would include vital signs and neuro checks.</p> <p>The physician order, dated 1-27-12 at 1:30 p.m., for Resident #51 indicated the resident was ordered morphine (pain medication) 10 mg IM every 1 hour prn for migraine limit 2 doses in a 24 hour period and Immitrex (vascular headache suppressant) 50 mg every day as needed repeat in 2 hours if not relieved. The limit was 2 doses in 24 hours period.</p> <p>The pain management procedure, dated 10-2011, provided by the DON on 1-25-12 at 10:00 a.m., indicated the goal of the facility was to assist residents in achieving his/her optimal level of comfort by providing an effective pain management program.</p> <p>3.1-37(a)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2012

FORM APPROVED

OMB NO. 0938-0391

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F0314 SS=D	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview and record review, the facility failed to perform dressing changes on pressure ulcers in a manner to prevent infection and promote healing for 2 of 2 residents that met the criteria for the presence of a stage 3 or 4 pressure ulcer in a stage 2 sample of 19 (Resident # 65 and #36).</p> <p>Findings include:</p> <p>1.) Interview on 1-24-12 at 9:13 A.M., with LPN #5 indicated Resident #65 had a non-stageable pressure ulcer on his right heel.</p> <p>During observation on 1-25-12 at 9:06 a.m., Resident #65 was sitting in his wheelchair with pressure relieving boots on both feet. The resident indicated he had a sore on his right foot.</p> <p>During observation on 1-25-12 at 9:30</p>	F0314	<p><b>F 314 Requires the facility to treat pressure sores with the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p> <p>1. Resident # 65 received proper wound care treatment to prevent infection. Resident # 36 received proper wound care treatment to prevent infection.</p> <p>2. All residents who have pressure sores have the potential to be affected. A review of all residents with pressure sores has been completed to ensure proper</p>		02/14/2012		

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	<p>a.m., LPN #2 took out her supplies from the treatment cart and went to Resident #65's bedroom. LPN #2 put gloves on and removed Resident #65's pressure boot and sock of his right foot. LPN #2 then took the resident's old dressing off and placed it in a plastic bag. The resident's heel on the right foot was black. LPN #2 placed Betadine on Resident #65's right foot pressure ulcer with a piece of gauze. LPN #2 placed a dry gauze on the area and wrapped the resident's foot with Kerlix. LPN #2 did not wash her hands prior to the dressing change or during the dressing change. LPN #2 did not change gloves during the dressing change.</p> <p>Interview with LPN #2 on 1-25-12 at 9:37 a.m., indicated that she would normally wash her hands before a dressing change was done and change her gloves after taking off an old dressing.</p> <p>Review of Resident #65 record on 1-25-12 at 9:43 a.m., indicated the resident's diagnoses included, but were not limited to, renal cell carcinoma, bladder tumor, tachycardia, Alzheimer, depression, anxiety, history of brain injury as a child, Deep Vein Thrombosis (DVT),</p>				<p>infection control measures are in place and maintained in regards to dressing changes.</p> <p>3. The policy and procedure in regards to dressing changes has been reviewed. (See attachment 314A/ 441A ) The nursing staffs responsible for dressing changes were re-educated infection control for dressing changes by Lynn Adams LPN on February 10, 2012. (See attachment 314B/441B) A skills check off related to wound care was also completed by Lynn Adams LPN, Robin Jarvis DNS and Angie Fugate LPN.</p> <p>4. The DNS or her designee will monitor dressing changes to pressure sores to ensure that proper infection control measures are in place and maintained. She will monitor one dressing change to a pressure sore daily, on varying shifts, on scheduled days of work for 4 weeks, then one dressing change 3 times a week, on varying shifts, times four weeks, then monthly, on varying shifts, times three months, then quarterly, on varying shifts, until compliance is maintained for 2 consecutive quarters. (See attachment 314C/441C) The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly.</p>		

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	<p>hypertension and cardiac ischemia.</p> <p>The Minimum Data Set (MDS) assessment for Resident #65, dated 12-27-11, indicated the resident was admitted with one unstageable pressure ulcer.</p> <p>The pressure ulcer flowsheet for Resident #65, dated 12-20-11, indicated the resident was admitted with a unstageable wound (due to presence of slough or eschar the wound bed cannot be visualized) on the right outside of the heel. The wound measured 4.5 centimeter (cm) by 3.7 cm . The treatment was Silvadine cream two times a day and as needed for soilage. The measurements were completed weekly and the wound remained unstageable.</p> <p>The pressure ulcer flowsheet for Resident #65, dated 1-16-12, indicated the resident had an unstageable wound measured 3.2 cm by 4.1 cm with Silvadine as the current treatment.</p> <p>The wound center healing plan of care/discharge for Resident #65, dated 1-16-12, indicated to place a new dressings and 3 pairs of non sterile gloves on a clean surface</p>				<p>5. The above corrective measures will be completed on or before February 14, 2012.</p>		

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	<p>(clean cloth or paper towel, blue pad) near the wound to be dressed. If scissors are used to cut the dressing, cleanse the blades of the scissors with antibacterial soap or alcohol. Lather hands with soap and water for 1 minute and then rinse and dry thoroughly and then apply gloves. Remove the old dressings from the wound and place the dressing and the dirty gloves into a trash bag immediately. Apply new gloves and cleanse the wound with saline, throw the gloves away. Observe the wound for any changes. Apply new gloves and the dressing as instructed. Throw the gloves away and wash hands.</p> <p>The physician order for Resident #65, dated 1-17-12, indicated the resident was ordered betadine to right calcaneus, cover with dry roll gauze two times a day. Prevalon boot to right heel while in bed and all the time as a nursing measure.</p> <p>2. Clinical record review on 1/26/12 at 9:00 a.m., for Resident # 36 included the admission nursing assessment form indicating Resident # 36 was admitted 11/9/09 from the hospital with multiple pressure ulcers; stage 2 on top right coccyx 1 cm x 0.5 cm,</p>						

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	<p>stage 2 on upper right buttock 1 cm x 0.2 cm, stage 2 lower right buttock 1 cm x 0.5 cm, entire coccyx area "red".</p> <p>Review of the Pressure ulcer skin sheets, dated 1/10 and 3/10, indicated pressure ulcers on the right coccyx area and right buttock healed 1/10. Wound on left buttock healed 3/10. The treatment for the left coccyx area has been ongoing since admission, changed from a stage 2 to a stage 4 on 3/25/10. Family refused Wound Care Center evaluation and treatment.</p> <p>The Physician orders were reviewed for dressing changes on Resident # 36 which indicated an order on 6/14/11 to add Santyl ointment to the Silvercel dressing treatment. The order was changed on 7/28/11 to continue Santyl ointment with a wet to moist dressing and to discontinue the Silvercel dressing. Then on 9/6/11, the order was changed to discontinue Santyl ointment and continue the wet to moist dressing. On 9/27/11, the order was changed to discontinue the wet to moist dressing and begin Silvercel dressing to wound area. The last order change was on 1/23/12 to change to wet to moist dressing and to discontinue the Silvercel dressing.</p>						

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	<p>RN # 1 was observed on 1/26/12 at 9:40 a.m., to provide wound care with dressing change to Resident # 36. RN # 1 brought dressing supplies into Resident # 36's room and placed them on the over bed table. The table was not observed to be sanitized prior to placement of the supplies nor was the table covered by clean paper towels. RN # 1 washed his hands and put on gloves.</p> <p>On 1/25/12 at 4:30 p.m., review of Clean Dressing Change Procedure provided by the Administrator indicated: "Purpose: To protect open wounds from contamination, to absorb drainage, and to promote healing. Procedure:" ... "3. Wash hands thoroughly." "4. Place treatment chux or paper toweling on overbed table and treatment chux or protective liner under resident's wound area".... "6. Apply gloves. 7. Remove soiled dressing and discard in plastic bag, including gloves. 8. Apply clean gloves and cleanse wound with prescribed solution".... "NOTE: Gloves should be changed between removing dirty dressing, cleansing wound and applying medication and dressing."</p>						



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2012

FORM APPROVED

OMB NO. 0938-0391

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F0323 SS=D	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to supervise a resident with increased confusion and multiple falls with effective interventions for 1 of 2 residents reviewed in a Stage 2 sample of 19. (Resident #75)</p> <p>Findings include:</p> <p>Resident #75's record was reviewed on 1/27/12 at 1:02 p.m. Resident #75's diagnoses included but were not limited to, left below the knee amputation, pulmonary fibrosis (scarring of the lungs), insulin dependent diabetes, neuropathy (degenerative state of the nervous system), anemia, obesity, right foot 1st and 2nd toes amputated, chronic obstructive pulmonary disease, depression, macular degeneration and pulmonary hypertension (high blood pressure in the arteries of the lungs).</p> <p>Resident #75's physician's recapitulation orders, dated 1/12, indicated "up with assist." Physician order, dated, 11/3/11, indicated "may have bed and chair alarm at all times</p>		F0323	<p><b>F 323 The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p> <p>1. Resident #75 was placed on 15 minute checks on 1-27-12 and remains on 15 minute checks at this time. He was assessed through outpatient services at Reid Geri Psych on February 2, 2012. He returned to the facility with new orders for Aricept 5mg at bedtime and Namenda 5mg in the morning. He also returned with a new diagnosis of vascular dementia, mild to moderate with behavioral disturbance. His POA did accompany him to the appointment and per the notes from this visit the POA verbalized understanding of the diagnosis and medications. His POA was contacted on February 9, 2012 due to a room closer to the nurses' station becoming available with the request to move the resident closer to the nurses' station but the POA initially stated he would have to get back with us at a later date because he felt this should be a</p>		02/14/2012	

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	<p>to alert staff of attempts of unassisted ambulation as nursing measure."</p> <p>Resident #75's (MDS) Minimum Data Set assessment, dated 11/11/11, indicated the following:</p> <ul style="list-style-type: none"> <li>- BIMS (Brief Interview for Mental Status) 9, (8-12 moderately impaired)</li> <li>- transfer, extensive assistance with 2 plus assist</li> <li>- walk in room or corridor, activity did not occur</li> <li>- number of falls since admission or prior assessment, 2</li> </ul> <p>Resident #75's "Fall Assessment" dated 11/4/11, indicated history of falls, confusion, weakness and unsteady gait.</p> <p>On 1/27/12 at 11:00 a.m., 1:00 p.m., and 1:40 p.m., Resident #75 was observed in his wheelchair, with a prosthesis on his left leg and in his room alone. Resident #75 indicated on 1/27/12 at 1:40 p.m., indicated he did not know how he was going to go to the bathroom with the belt he had on. Reminded Resident #75 to use his call light he stated "I didn't know I was supposed to use that."</p> <p>During interview on 1/27/12 at 1:45 p.m., staff activity assistant #4 indicated Resident #75 stays in his</p>		<p>decision he should include the rest of his family on. He was informed that the facility felt that due to the amount of falls we felt it would be beneficial for supervision purposes. The facility obtained permission from the POA to move the resident to a new room on February 13, 2012 and Resident # 75 was moved on the same day.</p> <p>2. All residents have the potential to be affected. All staff members were re-educated on fall prevention protocol by Amy Gum, Administrator and Lynn Adams LPN on February 7, 2012. (See attachment 323 A and B)</p> <p>3. The policy regarding accident and incidents has been reviewed. (See attachment 323 C, D, E and F ) All staff members were re-educated on fall prevention protocol by Amy Gum, Administrator and Lynn Adams LPN. (See attachment 323 A and B) The facility will continue to address fall prevention through the fall assessments, assignment sheets, care plan reviews and the monitoring of trends related to falls.</p> <p>4. The DNS or her designee will monitor accident and incident reports to ensure proper interventions related to supervision are in place daily on scheduled days of work times 4 weeks, then 3 times a week times 4 weeks, then monthly for 3 months and then quarterly until compliance is maintained for 2</p>				

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	<p>room most of the time that is what he wants to do.</p> <p>During interview on 1/27/12 at 1:55 p.m., staff LPN #2 stated "he (Resident #75) is almost always in his room but once in a great while he will go up and down the hall and he is out of his room when he goes to physical therapy."</p> <p>Resident #75's nursing notes indicated the following: "- 11/7/11 at 3:30 p.m., called to resident's room by therapy. Resident noted to be lying on right side on floor. Resident answered, questions appropriately denies hitting head - 11/7/11 at 5:00 p.m., alarm heard sounding from resident's room. Door to resident's room noted to be closed. Upon entering room resident noted to be lying on back, on floor with feet under bed, pillow folded in half under head. Resident states, " I just wanted to lay down here" - 11/20/11 at 8:45 p.m., called to resident's room per CNA and found resident sitting at end of bed on floor.. Resident stated he was trying to transfer himself to bed. Resident did have wheelchair alarm on and it was working, no injuries noted. Resident denies hitting head. Resident stated he needs to learn to do things by</p>				<p>consecutive quarters. (See attachment 323 G ) The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly.</p> <p>5. The above corrective measures will be in place on or before February 14, 2012.</p>		

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	<p>himself for when he goes home. Explained to resident that's great he wants to do things by self but needs to have supervision at least right now till full strength comes back. Resident became very argumentative stating he will always do this by himself and will not call for help cause he doesn't need it and we (staff) won't be there when he goes home - 11/27/11 at 4:45 p.m., called to resident's room by CNA. Resident noted to be sitting on floor in front of recliner...resident denies complaint of pain or discomfort no apparent injury notes...resident states, "I wanted to walk around my room I slid out of my chair." Alarms and call light in place and in reach and functioning properly. When staff attempted to assist resident, resident would become verbal and yell "I don't need your help. I can do it myself! " With encouragement resident permitted staff to assist him from floor to wheelchair. Resident refused. Staff to assist with other transfer. Transfers performed as stand by assist. When son advised of fall, son stated that "he and his sister had resident up walking without assistance from staff or therapy." Resident and family encouraged to ask for assistance. - 11/30/11 at 1015 p.m., CNA called</p>						

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	<p>this writer and 2nd shift nurse down to resident's room. Patient was found sitting on floor beside his bed. CNA stated that upon entering the room patient was found walking from bathroom to his bed. Patient had walker and also tennis shoes on. Patient turned around and sat down but was not back far enough and missed the bed. Patient re educated on feeling for bed on back of his legs before sitting down.</p> <p>- 12/7/11 at 12:00 p.m. resident attempted to toilet self and didn't get on straight and sliding toilet seat becoming wedged between wall and toilet, physical therapist lowered resident to floor</p> <p>- 12/8/11 at 7:00 p.m., called to resident's room by CNA. Resident noted to be sitting on floor beside bed. Family at resident's bedside at time of fall</p> <p>- 12/19/11 at 4:30 p.m., called to resident's room by CNA. Resident noted to be sitting on floor beside bed. Resident states, "I slid out of bed. I'm not hurt"</p> <p>- 12/23/11 at 4:00 p.m., called to resident's room. Resident found to be sitting on buttocks on floor states, "I slid out of my chair onto floor." Resident denies pain or injury</p> <p>- 12/27/11 at 4:45 p.m., called to front of building by station #2 nursing noted</p>						

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	<p>resident sitting on floor by water fountain. Station #2 nurse, said resident told her he was taking a drink of water. Resident stated "if I would have known this would have caused this much commotion I would have waited to get a drink." Explained to resident to ask assistance when wanting to stand up. Resident said he lowered himself to the floor. Denies any head injuries. No complaint voiced of injuries noted. Assisted resident back to wheelchair and took to station #1 and given a drink. Wheelchair alarm was on and working</p> <p>-12/29/11 at 7:10 p.m. called to resident's room. Found resident sitting on floor by bed. When asked what happened resident stated he was picking trash up and lost his balance when throwing it away</p> <p>- 12/30/11 at 7:00 p.m., called to resident's room by CNA resident noted to be sitting on floor in front of leather recliner. When asked what he was doing that caused the fall resident stated, "I wanted to sit in the recliner chair."</p> <p>- 12/30/11 at 7:20 p.m., called to resident's room by CNA. Resident noted to be sitting on floor in doorway of room/bathroom</p> <p>- 1/6/12 at 9:00 p.m., called to resident's room per CNA. Noted</p>						

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	<p>resident to be laying on floor on left side by bed. Resident states, " he was feeling nervous and leaned forward to get trash can and fell out of wheelchair"</p> <p>- 1/24/12 at 8:00 p.m., resident's wife in hallway calling for assistance in room. Found resident sitting on floor by wheelchair. Resident's wife stated "resident has been arguing with her and up ambulating, refusing to sit down, for a bit"</p> <p>During interview with ADON on 1/27/12 at 1:10 p.m., indicated the following falls from the incident reports that were not included in the nursing notes:</p> <p>- 1/5/12, slid out of his chair alarm sounded dycem (non-slip mat) on top of pad</p> <p>- 1/17/12, independent transfer had just been toileted at that time referral to physical therapy</p> <p>- 1/19/12, picking something off of floor and fell (given grabber and demo on the use of the grabber)</p> <p>Resident #75's "Occupational Therapy/Restraint Screening," dated 1/18/12, indicated Diagnosis: left below the knee amputee. Check any of the following which apply to this patient, having increased fall, chair per self/poor balance, confusion, is</p>						



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	<p>not aware of safety measures, has muscle weakness, and is able to propel self in chair. Recommendations, DON (Director of Nursing), recommend, self release alarm belt due to increased confusion, increased falls and poor safety awareness."</p> <p>Resident #75's nursing care plan, dated 11/16/11, with an update of 1/5/12 indicated "Problem, the resident has multiple risk factors for falls, such as, left below amputation, 1st and 2nd toe on right foot amputated. Goal, the resident's risk factors will be reduced in an attempt to avoid significant injury related to falls. Interventions, provide adequate lighting, ensure pathways are clutter free, resident to utilize foot wear with non-skid soles, monitor the resident frequently when the call lights are not available (i.e. dining room, activities, etc.), complete fall risk assessment upon admission, MD if a fall occurs. - 11/3/11, bed and chair alarms - 11/7/11, resident education to have staff pick up things from the floor for him - 11/19/11, put to bed after family leaves - 11/27/11, resident re-education to call for staff assist with ambulation</p>						

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NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
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	<ul style="list-style-type: none"> <li>- 11/30/11, educated to feel for the chair/bed on the back of his legs prior to sitting</li> <li>- 12/6/11, ensure resident all the way on toilet</li> <li>- 12/8/11, family educated as to why resident cannot/should not be ambulation without staff assist</li> <li>- 12/19/11, staff to encourage resident to wear non-skid socks to bed</li> <li>- 12/23/11, assist resident to bathroom</li> <li>- 12/27/11, reminded/encouraged to not use water fountain for drinks-remind of water pitcher in room and to ask staff for drinks</li> <li>- 12/29/11, wheelchair alarm box moved out of reach</li> <li>- 12/30/11, when leaving room ask resident if he wants to sit in recliner or stay where he is</li> <li>- 12/30/11, sent to emergency room for evaluation</li> <li>- 1/5/12, dycem in seat of wheelchair</li> <li>- 1/17/12, refer to therapy</li> <li>- 1/19/12, instructed on use of reacher</li> <li>- 1/24/12, council wife if resident will not stay seated in wheelchair to alert staff and let staff intervene</li> <li>- 1/26/12, (no fall), self release alarming belt to alert staff/family of attempts of unassisted transfer and ambulation</li> </ul>						

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	<p>During interview with ADON on 1/27/12 at 3:26 p.m., indicated "the root cause of his (Resident #75's) falls were his dementia and non-compliance. We have attempted to have psychological services and the family will not agree to it only if he can receive the services here at the facility. On 1/26/12 we put an self release belt on him (Resident #75), to alarm staff/family of attempts of unassisted transfer and ambulation."</p> <p>During interview with Family Member #1 on 1/27/12 at 3:35 p.m., indicated "He is more confused than he has ever been in his life. He does not make much sense and he is falling because he is not steady and does not believe he can not walk. He says he has been to rehabilitation and knows how to walk."</p> <p>During interview with Family Member #2 on 1/27/12 at 4:10 p.m., stated "in the course of being at the facility he has become increasingly confused. He thinks he stays in a different room and town every night. I don't feel the facility can hear his chair unless they are close to his room and I don't feel the facility has been pro-active of his mental decline."</p>						

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	3.1-45(a)(2)						

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F0356 SS=A	<p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p>						
	Based on observation, interview, and record review, the facility failed to ensure the daily licensed nurse staff posting information only reflected the licensed nursing staff directly responsible for resident care, for 1 of 5 survey days observed.	F0356	<p><b>F 356 The facility must post the nurse staffing data on a daily basis at the beginning of each shift that includes the actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p>	02/14/2012			

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	<p>Findings include:</p> <p>During initial tour on 1/23/12 at 10:03 A.M., the daily licensed nurse staff information was observed posted on the wall next to the #2 nurses' station. The daily licensed nurse staff information posted, indicated 2 RN's and 4 LPN's for day shift on 1/23/12.</p> <p>An interview with LPN #5 on 1/23/12 at 10:55 A.M., indicated she had filled out the daily nurse staffing information that was posted. She indicated she had included herself and the ADON as 2 LPN's and the DON as 1 RN on the daily nurse staffing information that was posted. LPN #5 indicated, herself, the ADON, and the DON, were not directly responsible for resident care.</p> <p>An interview with the ADON on 1/23/12 at 11:00 A.M., indicated she had instructed LPN #5 on how to fill out the daily licensed nurse staff information and had instructed her incorrectly. The ADON indicated, herself, LPN #5, and the DON, were not directly responsible for resident care.</p> <p>The most recent Nursing Daily Staffing Posting policy provided by the ADON on 1/23/12 at 11:10 A.M.,</p>			<ol style="list-style-type: none"> <li>1. The daily licensed/unlicensed posting is now correct.</li> <li>2. No residents had the potential to be affected.</li> <li>3. The nursing staff scheduler was educated on the requirement by Amy Gum, Administrator on February 10, 2012. (See attachment 356 A) The DNS or her designee will ensure the posting is accurate daily on scheduled days of work.</li> <li>4. The DNS or her designee will review the posting to ensure that it is correct daily on scheduled days of work times 4 weeks, then 3 times a week for 4 weeks, then monthly for 3 months and then quarterly until compliance is maintained for 2 consecutive quarters. (See attachment 356 B) The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly.</li> <li>5. The above corrective measures will be completed on or before February 14, 2012.</li> </ol>			

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	<p>indicated the following: Policy -" To post daily the total numbers of actual hours worked by licensed and unlicensed nursing personnel directly responsible for resident care per shift"....</p> <p>3.1-13(a)</p>						

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to wash hands, change gloves and maintain a clean field during dressing</p>	F0441	F 441 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent	02/14/2012			



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	<p>changes on pressure for 2 of 2 residents that met the criteria for the presence of a stage 3 or 4 pressure ulcer in a stage 2 sample of 19 (Resident # 65 and #36).</p> <p>Findings include:</p> <p>1.) Interview on 1-24-12 at 9:13 A.M., with LPN #5 indicated Resident #65 had a non-stageable pressure ulcer on his right heel.</p> <p>During observation on 1-25-12 at 9:06 a.m., Resident #65 was sitting in his wheelchair with pressure relieving boots on both feet. The resident indicated he had a sore on his right foot.</p> <p>During observation on 1-25-12 at 9:30 a.m., LPN #2 took out her supplies from the treatment cart and went to Resident #65's bedroom. LPN #2 put gloves on and removed Resident #65's pressure boot and sock of his right foot. LPN #2 then took the resident's old dressing off and placed it in a plastic bag. The resident's heel on the right foot was black. LPN #2 placed Betadine on Resident #65's right foot pressure ulcer with a piece of gauze. LPN #2 placed a dry gauze on the area and wrapped the</p>			<p><b>the development and transmission of disease and infection.</b></p> <p>The facility will ensure this requirement is met through the following corrective measures.</p> <ol style="list-style-type: none"> <li>Resident #65 received proper wound care and treatment to prevent infection. Resident #36 received proper wound care and treatment to prevent infection.</li> <li>All residents who require dressing changes have the potential to be affected. A review of all dressing changes has been completed to ensure proper infection control measures are in place and maintained.</li> <li>The policy in regards to dressing changes has been reviewed. (See attachment 314 A/441 A). The nursing staff responsible for dressing changes were re-educated on infection control for dressing changes by Lynn Adams LPN on February 10, 2012. (See attachment 314 B/441 B) A skills check off related to wound care was also completed by Lynn Adams LPN, Robin Jarvis DNS, and Angie Fugate LPN.</li> <li>The DNS or her designee will monitor dressing changes to ensure that proper infection control measures are in place and</li> </ol>			

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	<p>resident's foot with Kerlix. LPN #2 did not wash her hands prior to the dressing change or during the dressing change. LPN #2 did not change gloves during the dressing change.</p> <p>Interview with LPN #2 on 1-25-12 at 9:37 a.m., indicated that she would normally wash her hands before a dressing change was done and change her gloves after taking off an old dressing.</p> <p>Review of Resident #65 record on 1-25-12 at 9:43 a.m., indicated the resident's diagnoses included, but were not limited to, renal cell carcinoma, bladder tumor, tachycardia, Alzheimer, depression, anxiety, history of brain injury as a child, Deep Vein Thrombosis (DVT), hypertension and cardiac ischemia.</p> <p>The wound center healing plan of care/discharge for Resident #65, dated 1-16-12, indicated to place a new dressings and 3 pairs of non sterile gloves on a clean surface (clean cloth or paper towel, blue pad) near the wound to be dressed. If scissors are used to cut the dressing, cleanse the blades of the scissors with antibacterial soap or alcohol. Lather hands with soap and water for</p>				<p>maintained. She will monitor one dressing change daily on scheduled days of work, on varying shifts, for 4 weeks, then one dressing change 3 times a week, on varying shifts, for four weeks, then monthly, on varying shifts, times 3 months, and then quarterly, on varying shifts, until compliance is maintained for 2 consecutive quarters. (See attachment314 C/441 C) The findings of these audits will be reviewed during the facility's quarterly Quality Improvement meetings and the plan of action adjusted accordingly.</p> <p>5. The above corrective measures will be completed on or before February 14, 2012.</p>		

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	<p>1 minute and then rinse and dry thoroughly and then apply gloves. Remove the old dressings from the wound and place the dressing and the dirty gloves into a trash bag immediately. Apply new gloves and cleanse the wound with saline, throw the gloves away. Observe the wound for any changes. Apply new gloves and the dressing as instructed. Throw the gloves away and wash hands.</p> <p>2. RN # 1 was observed on 1/26/12 at 9:40 a.m., to provide wound care with dressing change to Resident # 36. RN # 1 brought dressing supplies into Resident # 36's room and placed them on the over bed table. The table was not observed to be sanitized prior to placement of the supplies nor was the table covered by clean paper towels. RN # 1 washed his hands and put on gloves.</p> <p>The clinical record of Resident # 36 was reviewed on 1/26/12 at 9:00 a.m. The Physician orders were reviewed for dressing changes on Resident # 36 which indicated an order change on 1/23/12 to wet to moist dressing and to discontinue the Silvercel dressing.</p>						

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	<p>On 1/25/12 at 4:30 p.m., review of Clean Dressing Change Procedure provided by the Administrator indicated: "Purpose: To protect open wounds from contamination, to absorb drainage, and to promote healing. Procedure:" ...</p> <p>"3. Wash hands thoroughly."</p> <p>"4. Place treatment chux or paper toweling on overbed table and treatment chux or protective liner under resident's wound area"....</p> <p>"6. Apply gloves.</p> <p>7. Remove soiled dressing and discard in plastic bag, including gloves.</p> <p>8. Apply clean gloves and cleanse wound with prescribed solution"....</p> <p>"NOTE: Gloves should be changed between removing dirty dressing, cleansing wound and applying medication and dressing."</p> <p>3.1-18(l)</p>						

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